



**317 S. Burlington
Hastings Nebraska 68901**

**Phone: 402-461-2380
Fax: 402-461-2393**

Welcome to the Hastings Police Department. We hope your Ride-Along experience is enjoyable as well as educational. Since your safety is our first consideration we need to express the importance of reading and completing these forms. Please take your time in completing these forms. This will ensure that your request is processed in a timely manner. If you have any questions our staff will be able to assist you.

Minors between the ages of fourteen and eighteen are welcome to participate on Ride-Along's but must have a parent or legal guardian sign the attached waiver forms as well as a medical consent form.

Thank you for taking the opportunity to visit the Hastings Police Department. We hope your time is rewarded with a newfound respect and awareness for the professional men and women who serve your community. We encourage you to learn as much as you can about your police department, and share this information with your friends and neighbors.

NOTE: GENERALLY THERE IS A 14-DAY WAITING PERIOD.

Any person approved to ride along is required to be suitably dressed in collared shirt, blouse or jacket, slacks and shoes. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the police vehicle. The Watch Commander and Field Supervisor may refuse a ride along to anyone not properly dressed.

Hastings Police Department

Ride Along Program Guidelines

WHO CAN RIDE ALONG?

- Participants in the program must be at least 14 years old.
- Preference in scheduling Ride Alongs is given to Hastings residents.
- Only one Ride Along is permitted per calendar year.

HOW DO I APPLY TO RIDE ALONG?

- Applicants must fully complete the Ride Along Application.
- To participate in the program, the GENERAL AGREEMENT, WAIVER AND RELEASE and ACCIDENT WAIVER AND RELEASE must be signed by the applicant. If the applicant is under 18, both the applicant and their parent or legal guardian must sign the waivers.
- The application and waiver forms must be submitted at least 14 working days before the desired Ride-Along date.
- Incomplete applications and applications without the signed waiver will be rejected.
- Applications and waivers must be submitted for each ride-along

WHEN CAN I RIDE ALONG?

- Hours for individual over 18 are 6:00 am to 1:00 am. Minors under the age of 18 may ride 6:00 am to 11:00 pm
- Ride Alongs are scheduled for 6 hour blocks and may overlap different patrol shifts at the Hastings Police Department. You may ride along for less than 6 hours if you so desire.
- There is a place on the application form to request specific dates and times to ride along. We will try to schedule your ride along as requested, however there is no guarantee that your request can be accommodated.
- We will contact you to let you know whether your application to ride along has been approved and the date and time you are scheduled to ride.
- Please arrive on time for your scheduled ride along. If you are not here at your scheduled time your ride along may be cancelled.

WHAT SHOULD I WEAR AND BRING WITH ME WHEN RIDING ALONG?

- Riders must wear appropriate "business casual" attire which is suitable for having public contact.
- Shirts without collars, T-shirts, tank tops, sweat shirts, jeans, shorts, short skirts, halter tops, sneakers, high heel shoes, baseball caps, beanies, and similar attire are not permissible.
- Clothing which is similar in any way to uniforms worn by members of the Hastings Police Department and any other clothing with lettering, emblems, or similar items which might suggest the rider is a police employee are not permissible.
- It is advisable to bring enough money with you to purchase any food or refreshments you might want to consume while you are riding along. Generally, the officer will have the opportunity to take a short break and have a lunch period while you are together. If you wish to eat or drink something during these times you are expected to pay for them yourself.

RULES

- **You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your ride and you will not be allowed to participate in the Ride Along Program in the future.**
 - Riders are observers and you will be under the direct supervision of a police employee. You must comply with all directions and orders given to you by any police employee. You are not to become involved in any incident, conversation, or altercations between police employees and the public.
 - You are expected to conduct yourself in a civil, personable, and courteous manner at all times.
 - You are to remain seated in the police vehicle unless the officer specifically tells you that you may accompany the officer. You must wear the vehicle's seat belt at all times while inside the police vehicle.
 - For security and safety reasons, participants are not allowed to handle or use any of the officer's equipment or the equipment in the patrol vehicle unless called upon by an officer in an extreme life threatening emergency.
 - In the event that the officer has to respond to a potentially dangerous situation or hazardous call, you may be dropped off at a safe location away from the incident. If this occurs you will be given specific instructions to follow and the officer will arrange for another police employee to pick you up.
 - You may not carry or use any weapon while you are on a Ride Along.
 - You may not carry or use any audio recording device, any video recording device, or other camera while you are on a Ride Along.
 - You may carry a *non-camera* cellular telephone with you, but you will not be allowed to make and/or receive calls during your Ride Along except in an emergency.



Ride Along Application

Todays Date:			
Name: (Full and Complete Name)		Date of birth:	Age:
Address:			Apt.:
City:		State:	
Home Phone:		Cell Phone:	
E-mail address:			
Driver's License No.:			State:
Height:	Weight:	Hair Color:	Eye color:

Employer/School:	
Reason for ride-along:	
Have you ridden before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so when?

Physical disabilities:	
Are you under the care of a physician, if so why?	
Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been convicted of any misdemeanor offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, explain the offense, when it occurred and sentence:	
Have you ever been convicted of any felony offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, explain the offense, when it occurred and sentence:	
Do you currently have any charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, explain:	

Date Requested (remember there is a 14 day waiting period)	Hours requested
1 st choice:	
2 nd choice:	

RIDE-ALONG PROGRAM- The undersigned voluntarily wishes to participate in a ride-along program, which is a hazardous activity with the potential for death, serious injury and property loss. The risks include, but are not limited to; those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the ride-along program. I certify that I am physically able to participate in the ride-along program and have not been advised otherwise by a qualified medical person.

GENERAL AGREEMENT, WAIVER AND RELEASE (Adults over 18)

In consideration for being permitted by the City of Hastings to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the above city (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said city or (its officers, employees or agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity/and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the City of Hastings (its officers, employees and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the City of Hastings (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND THE ABOVE CITY, AND I SIGN IT OF MY OWN FREE WILL.

Name: _____ Date: _____
(Printed)

Signature: _____ Date of Birth _____

ACCIDENT WAIVER AND RELEASE: RIDE-ALONG PROGRAM

The Ride-Along Program is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to; participants, volunteers, officers and citizens. I hereby assume all of the risks of participating in the Ride-Along program.

I certify that I am physically fit for participation in the Ride-Along Program, and have not been advised otherwise by a qualified medical person.

In consideration of my application and permitting me to participate in the Ride-Along Program I hereby, for myself, my executors, administrators, heirs, next of kin, successors, and assigns agree and do as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or damages of any kind which may hereafter accrue to m in participating in or in traveling to and from this event. **THE FOLLOWING ENTITIES OR PERSONS: THE CITY OF HASTINGS AND THE HASTINGS POLICE DEPARTMENT** and its directors, officers, employees, volunteers, representatives and agents; (B) Indemnify and Hold Harmless the entities or persons mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during Ride-Along Program.

I understand that during the Ride-Along Program or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the even holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the Ride-Along Program I seek to participate in is a hazardous activity. I am voluntarily seeking participation and my participation will be voluntary, with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

Name: _____ Date: _____
(Printed)

Signature: _____ Date of Birth _____

PARENT/GUARDIAN WAIVER FOR MINORS

If the applicant is less than 18 years of age, the parents or guardians must execute the following waiver:

The undersigned parent or parent having sole custody, or legal guardian, does hereby represent that he or she is, in fact, acting in such capacity, and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever that may be imposed upon said parties because of any defect in or lack of the minor's capacity to so act, and I release the said parties on behalf of both the minor and the parents or legal guardian.

(1)Name: _____ **Date:** _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ **Phone:** _____ **Cell:** _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date of Birth** _____

(2)Name: _____ **Date:** _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ **Phone:** _____ **Cell:** _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date of Birth** _____

RIDE-ALONG PROGRAM - The undersigned consents to allow the participation of the minor child, named below, to participate in a ride-along program, which is a hazardous activity with the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by; terrain, facilities, temperature, weather, condition of equipment, vehicular traffic, volunteers, officers and citizens.

**WAIVER OF LIABILITY, MEDICAL RELEASE AND
INDEMNIFICATION AGREEMENT FOR MINORS**

In consideration of the minor child, named below being permitted by the above city to participate in the above-described activity, each of us waives, releases and discharges any and all claims and damages for personal injury, death or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge, in advance, the above city (its officers, employees and agents).

Each of us understands that the above activity may be of hazardous nature and/or include physical and/or strenuous exercise or activity; and that participants in the above described activity occasionally sustain mortal or personal injuries and/or property

damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above-described activity and each of us hereby agrees to assume any and all risks of injury and to release and hold harmless the above city (its officers, employees and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me or said minor child. It is further understood and agreed that his waiver, release and assumption of risks is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agrees to indemnify and to hold the above city (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

It is understood that during the Ride-Along Program or related activities, the minor child may be photographed. I agree to allow any photo, video or film likeness to be used for any legitimate purpose by the even holders, producers, sponsors, organizers and/or assigns.

Each of us agrees, in the event said minor requires medical or surgical treatment while under the supervision of said city's personnel, in connection with the above described activity, such supervisor may authorize treatment. Each of us also agrees to pay all medical, hospital or other expenses which said minor may incur as a result of such treatment.

WE (I) HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE. AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. IT IS UNDERSTOOD THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN THE UNDERSIGNED AND THE ABOVE CITY, AND THAT THE SIGNATURES HEREIN HAVE BEEN GIVEN VOLUNTARILY.

Name of Participant: _____ DOB: _____
(Please Print)

Signature of Participant: _____ Date: _____

(1) Name: _____ Date: _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date of Birth _____

(2) Name: _____ Date: _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date of Birth _____

CONSENT TO MEDICAL TREATMENT OF MINOR/RIDE-ALONG PROGRAM

If the applicant is under 18 years of age, the parents or legal guardians must execute in addition to the minor.

I hereby authorize any adult person into whose care the below named minor is entrusted in connection with the Ride-Along Program to consent to any of the procedures to be rendered to the minor, and I authorize any duly authorized physician or surgeon, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor while he or she is a participant or observer in the Ride-Along Program.

I authorize any licensed physician to perform any procedure that he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions that he/she may encounter during any necessary operation. I consent to the administration of anesthesia to said minor as deemed advisable by a licensed physician.

I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to results of any treatment.

The undersigned parent, parent having legal custody, or legal guardian of said minor does hereby represent that he or she is, in fact, in such capacity and agrees to save and hold harmless and indemnify the City of Hastings and Hastings Police Department and its volunteers, agents, doctors, emergency medical technicians, paramedics, nurses, hospitals or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such minor's capacity to so act and I release the said parties on behalf of both the undersigned and the minor.

Name of Participant: _____ **DOB:** _____
(Please Print)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Signature of minor: _____ **Date:** _____

(1)Name: _____ **Date:** _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ **Phone:** _____ **Cell:** _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date of Birth** _____

(2)Name: _____ **Date:** _____
PARENT(S) OR LEGAL GUARDIAN(S) (print names)

Address: _____ **Phone:** _____ **Cell:** _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Date of Birth** _____

OFFICE USE ONLY			
Forms received			
	Fully completed application form		<input type="checkbox"/>
	General agreement waiver and release form		<input type="checkbox"/>
	Accident waiver and release form		<input type="checkbox"/>
	Parent/Guardian waiver for minors		<input type="checkbox"/>
	Waiver of liability, medical release and indemnification agreement for minors		<input type="checkbox"/>
	Consent to medical treatment for minor ride-along		<input type="checkbox"/>
Record Check			
	Slueth		<input type="checkbox"/>
	NCJIS		<input type="checkbox"/>
	Other		<input type="checkbox"/>
	Previous ride dates:		
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason:			
Date, Time and Shift assigned:			
Shift supervisor notified <input type="checkbox"/> Date and time:			
Notes:			
	Date:	Time:	Response:
Initial contact:			
Additional communications			